



## EUROPEAN BIOECONOMY CLUSTERS' ALLIANCE

### MEMBERSHIP APPLICATION FORM

#### GENERAL INFORMATION

Organization name \_\_\_\_\_

Country \_\_\_\_\_

Address \_\_\_\_\_

Website \_\_\_\_\_

#### CONTACT PERSON

Full name \_\_\_\_\_

Position \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

#### ELIGIBILITY CRITERIA

To be eligible for membership in the EBCA, the applicant must confirm compliance with the following requirements:

- ☐ **Legal Entity:** Our organization is a legally registered entity.
- ☐ **Cluster Status:** Our organization is a cluster according to the European definition of innovation clusters (<https://eur-lex.europa.eu/eli/reg/2014/651/oj/eng>) and represents \_\_\_\_\_ members.
- ☐ **Bioeconomy Sector:** Our organization operates within the bioeconomy as defined by the European Union.
- ☐ **ECCP Registration:** Our organization is registered on the European Cluster Collaboration Platform.  
ECCP Profile Link: \_\_\_\_\_

#### OTHER INFORMATION

- ☐ Our organization is a member of BIC  
Profile Link: \_\_\_\_\_



- ☐ Our organization actively participates as a partner in European projects. Please specify which one:

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- ☐ Our organization is recognized by national authorities

## DECLARATION OF COMPLIANCE

By signing this application, we confirm that:

- We share the objectives and aims pursued by the EBCA.
- We accept the EBCA Statute without reservation.
- We commit to active participation in the activities of the Alliance.
- We acknowledge that our application is subject to approval by the EBCA Assembly.

### Authorized Representative:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_